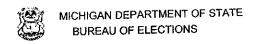
## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.	3. This Statement of	8-20-50 to 10-21			
1. Committee 1.D. Number	4. Candidate Last Name First Name M.I.  MAYER MICHOLAS				
150063					
	ľ	ncluding District # or Community Served (If applicable)			
2. Committee Name  CTE NICHOLAS S MAYER	TRUSTEE - CHESTERFIELD TOWNS HIP				
CLE MICHONS 2111/100	4b. County of Residence MACOMB				
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address				
31215 BRODERICK DR.	NICHOLAS S. MAYER				
CHESTERFIELD MI 48051	1 AIZIS BRODERICE DE.				
	CHESTERFIELD MI 4805 100 00				
Area Code and Phone 566-749-8535	नित्र अ				
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	Area Code & Phone <u>586 - 749 - 8535</u>				
7 Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)				
31215 BRODERICK DE.	Designated Record Reception				
CHESTERFIELD MI 48051	$\Delta \Delta A$				
CHESTERFIELD		,,,,			
Area Code and Phone <u>586 - 749 - 8535</u>	Area Code and P	hone			
_	1,000 1000 1000				
9. TYPE OF STATEMENT		9c. X Annual Statement (2008 Coverage Year)			
9a. Pre-Election OR 9b. Po	st-Election				
Pre-Election or Post-Election Statement relates to:		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)			
	oneral	9e. Dissolution of Candidate Committee			
Primary	eneral	Fffective Date of Dissolution			
Convention		Effective Date of Dissolution			
Special Caucus		By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if			
Date of Election, Convention or Caucus		the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.			
	Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.				
A committee that does not have a Reporting Waiver must file all	required Campaign	Statements. The Campaign Statements must include all applicable			
Schedules. Direct contributions, in-kind contributions, loans, ex	penditures, and outsti inged since the inform	nation was shown on the committee's Statement of Organization, an			
amendment to the Statement of Organization should accompanibefore the filling deadline of a required campaign statement	y this Campaign Stat , that campaign sta	nation was shown on the committee's Statement of Organization, an ement. If a request for a Reporting Waiver is not received on or teement cannot be waived.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or 1/1/1/20 5 moves White & Machine Date 7-17-09					
Candidate NicHolas S mayEl   Justs 2 mayer Date 2-17-09					
Candidate /// Type or Print Name Signature					

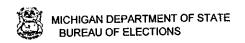


1. Committee I.D. Number \_\_\_\_\_138025

## SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name CTE NICHOLAS S MAYER

CANDIDATE COMMITTEE	0.1	Column II
RECEIPTS	Column I This Period	Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.)\$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS 12. Debts and Obligations a. Owed by the Committee (Schedule 1E)	(12a.)\$ 456.71	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)  15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11)  17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT  (13.) \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	-



## DEBTS AND OBLIGATIONS SCHEDULE 1E

1. Committee I.D. Number

138025

CANDIDATE COMMITTEE 2. Co	mmittee Name <u>ZIE N</u>	16HOLAS -	MAJOR		
CANDIDATE COMMITTEE 2.00					
This Schedule itemizes:	□	and obligations owed to or	forgiven by the com-	mittee.	
	k either a or b. Use only for the pu	pose checked.)	8. Cumulative	9. Outstanding	
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation (Description)     Indicate date debt was	7. Date and amount of each payment	payment to date on debt	Balance at close of this period (Item 6 minus	
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			Item 8)	
Debt #1 Corp? Yes	4. Type:	\$			
NICHOLAS & MAYEL	5. <u>Date Debt Was Incurred</u> :				
21215 BROBERCY DR.	7-9.08	\$	e e	s 456.71	
MICHOLAS & MAYER  31215 BRODERICK DR.  CHESTERFIELD MI 48051	6. Original Amount of Debt:	\$	•		
CHESIGNATION	s 456.71	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$		
Debt #2 Corp? Yes	4. Type:	\$			
Owed to or by:	5. Date Debt Was Incurred:		1		
	5. Date Debt was incurred.		}	į	
	6. Original Amount of Debt:	\$	\$	\$	
:	\$	\$		FORGIVEN	
	·	\$			
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$		
Debt #3 Corp? Yes	4. Type:	\$			
Owed to or by:	5. Date Debt Was Incurred:	\$	1		
		\$			
	6. Original Amount of Debt:	\$	l \$	\$	
	\$			FORGIVEN	
		\$			
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$		
Page Subtotal (Outstanding debt)					
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)					
(Complete on last page of Scriedule showing amounts office by or to the commission)					

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

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